STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005846	A. BUILDING _____ B. WING _____	C 05/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS ASSISTED LIVING	7833 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for Investigation of Complaint IN00107552. Complaint IN00107552 - Substantiated. No deficiencies related to the allegations are cited. Survey date: May 24, 2012 Facility number: 005846 Provider number: 005846 AIM number: N/A Survey team: Carol Miller RN, TC Ellen Ruppel RN Census bed type: Residential: 76 Total: 76 Census payor type: Other: 76 Total: 76 Sample: 4 Coventry Meadows Assisted Living was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00107552. Quality review 5/24/12 by Suzanne Williams, RN	R 000		